08000015488

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Sect Division of Corpo	
suвјест: <u></u>	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Armando Gutercez Name of Person
	Firm/Company
	604 MAJOILA AVOL Address
	Coral City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Name of P	erson Area Code & Daytime Telephone Number
Englosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

11 JUN 24 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2011

ARMANDO GUTIERREZ 604 MAJORCA AVE CORAL GABLES, FL 33134

SUBJECT: GUTIERREZ RESNICK HOTELS, LLC

Ref. Number: L08000015488

We have received your document for GUTIERREZ RESNICK HOTELS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 911A00011984

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUN 24 PM 2: 37

Gutierrez Bes	unick Hotels, LCC.		
	bility Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on02 1	and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office	_	ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	. Enter Fl	orida street address	
	, Florida		
_	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add
			Add
If amend	ing any other information, enter char	nge(s) here: (Attach additional sheets, if neces.	sary.)
			SECRETA
			~~~
$\frac{1}{M_{\rm ated}}$	Ay 2, 20)//	PM 2:37
	Signature of a mount	an and the prized representative of a member	
	Armano Columb	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00